



MARCH 23, 2016 TESTIMONY
OF THE ALLIANCE FOR CHILDREN'S MENTAL HEALTH BEFORE THE JUDICIARY COMMITTEE

**HB 5642 AN ACT CONCERNING THE RECOMMENDATIONS OF THE JUVENILE JUSTICE PLANNING
AND OVERSIGHT COMMITTEE (JJPOC)**

Senator Coleman, Representative Tong and members of the Judiciary Committee, my name is Susan Kelley. I am the Child and Adolescent Policy Manager for the National Alliance on Mental Illness (NAMI), Connecticut, and staff to the Alliance for Children's Mental Health (ACMH). ACMH is a new children's mental health policy and advocacy organization that grew out of the Keep the Promise Children's Committee. Its mission is to ensure, through our collective advocacy, that children and youth in Connecticut have access to quality mental health care that is family-centered and culturally responsive. I am here today to testify on behalf of ACMH and NAMI CT regarding HB 5642.

ACMH and NAMI CT strongly support HB 5642. For example, we are very pleased that this bill codifies that the juvenile justice system is rehabilitation not punitive, and that only those youth who pose a serious risk to public safety are detained or held in secure custody. This shift in philosophy and function reflects current research, science, and best practice which show that using the juvenile justice system for punishment does not result in better outcomes for youth or for public safety. Section 7 of the bill which would provide "individualized supervision, care, accountability and treatment, rather than "punish[ing] the child," further takes into account that many youth who end up in the juvenile justice system suffer from diagnosable mental health conditions. Providing behavioral health interventions and diverting youth with mental health issues to community services will serve families and youth most effectively, preventing juvenile justice involvement and escalation.

We also endorse the bill's provision for a joint preliminary and final plan of the Department of Children and Families (DCF) and the JJPOC for closure of the Connecticut Juvenile Training School (CJTS) and the Pueblo Unit for Girls, by July 1, 2018. *It is critical for the success of the contemplated closures that the joint plan ultimately provide for a full continuum of services and programs that are individualized in terms of risk level and needs.* We believe that financing for these services and programs must be based at least in part on the reallocation of savings from the closure of the facilities to support the essential continuum of services, programs, and facilities that will be based in the community, including in schools, clinics, and other settings.

The bill contemplates several "plans" to ensure a robust community-based system of services for children who are diverted from detention. While creating a strong system of services is key to the functioning of an effective diversionary system and we support its development, we have concerns with how the bill proposes to create such a system: 1) some provisions aimed at improving education outcomes appear to be "siloed" and may not be connected/coordinated with other services such as mental health services that are integral to school success, 2) there are multiple "plans" for a diversionary community service system as they relate to children's mental health that could result in duplication of efforts and an incomplete result, and 3) there should be mental health, family advocates, and youth with experience in the juvenile justice system who participate in the planning process for diversionary services.

Regarding the first point, Section 23 calls for DCF and CSSD to establish "transition teams" to reintegrate children who are exiting residential settings into schools. Educational supports are the sole focus of the transition effort as currently stated. This singular focus overlooks other supports that are integral to educational success that should be part of a transition plan or "team" effort, such as any necessary behavioral health services, social/emotional learning programs, and family supports whether inside or outside the school setting. The transition teams should incorporate or connect the child and family to these supports.

As to the second and third points, Section 6 provides for a joint plan to be developed and implemented by DCF and the Court Support Services Division (CSSD), by October 2016, to address the needs of children concerning behavioral health (in addition to other needs). Section 14 calls for the Department of Education (SDE) to develop a plan, by January 2017, for school-based diversion initiatives to reduce juvenile justice involvement among children with mental health needs. An essential component of these plans is missing: the voice and input of parents, mental health stakeholders/advocates and youth. These voices need to be at the table during the creation of the diversionary service plans. We also suggest that these plans be consolidated so that the overlap between juvenile justice and mental health is approached from a holistic standpoint and includes all relevant stakeholders.

Section 38 calls for a new joint committee to be composed of five members of the JJPOC and eight members of the Children's Behavioral Health Advisory Committee. The purpose of this new committee is to encourage coordination and collaboration between the two entities regarding the overlap between juvenile justice and mental health. We agree that there needs to be collaboration between the two entities. We believe, however, that creating a new committee will divert the focus and energy of the Children's Advisory Committee when it is only in its first year and unnecessarily creates another governance body. We respectfully suggest that a mental health subcommittee be established within the JJPOC to serve the same purpose or that the current Diversion Subcommittee under the JJPOC take on this role. As long as there are some members of the Children's Advisory Committee on this subcommittee, there should be adequate attention, collaboration, and guidance given on matters of mutual concern.

Thank you for the opportunity to testify today, and I would be happy to answer any questions you may have.

Respectfully submitted,

Susan Kelley

Alliance for Children's Mental Health
Members include:

AFCAMP
CTJJA
Stamford Youth Services
Empowering Children and Families
NAMI Connecticut
FAVOR
Connecticut Legal Services
Office of the Child Advocate
Connecticut Voices for Children
Center for Children's Advocacy
The Village for Children and Families

Children Guidance Clinics of CT
Jesse Lewis Choose Love Foundation
Academy of Child and Adolescent Psychiatry, CT
CT Association of School Based Health Centers
Kids in Crisis
Connecticut Association for Foster and Adoptive Parents